

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/647121** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2	/		/	/		
3	/		/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9						
10	/		/			
11	/		/			
12	2		/			
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	13	↔	10	↔		
TOTAL CLAIMS	15		12			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS